

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>HCJ Holdings</b> <b>19855 County Road 11, Herman NE, 68029</b>  Labor See Attachments		1 Rents \$	OMB No. 1545-0115 Form <b>1099-MISC</b> (Rev. January 2022) For calendar year 20 <u>22</u>		<b>Miscellaneous Information</b>
		2 Royalties \$			
		3 Other income \$ <b>441,931.00</b>	4 Federal income tax withheld \$		
PAYER'S TIN <b>47-6191675</b>	RECIPIENT'S TIN <b>Unknown</b>	5 Fishing boat proceeds \$	6 Medical and health care payments \$	<b>Copy B For Recipient</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name <b>Scot Thompson Farms LLC</b> Street address (including apt. no.) <b>9102 N. 225th Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Elkhorn, Nebraska 68022</b>		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest \$		
		9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$		
		11 Fish purchased for resale \$	12 Section 409A deferrals \$		
Involuntary Conversion		13 FATCA filing requirement <input type="checkbox"/>	14 Excess golden parachute payments \$		15 Nonqualified deferred compensation \$
Account number (see instructions)		16 State tax withheld \$ \$	17 State/Payer's state no. \$	18 State income \$ \$	

Form **1099-MISC** (Rev. 1-2022)

(keep for your records)

[www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC)

Department of the Treasury - Internal Revenue Service



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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  HCJ Holdings 19855 County Road 11, Herman, NE 68029  Labor See Attachments		1 Rents \$	OMB No. 1545-0115 Form <b>1099-MISC</b> (Rev. January 2022) For calendar year 20 <u>22</u>		<b>Miscellaneous Information</b>  <b>Copy 2</b> To be filed with recipient's state income tax return, when required.	
		2 Royalties \$				
		3 Other income \$ 441,931.00	4 Federal income tax withheld \$			
PAYER'S TIN 47-6191675	RECIPIENT'S TIN Unknown	5 Fishing boat proceeds \$	6 Medical and health care payments \$			
RECIPIENT'S name Scot Thompson Farms LLC Street address (including apt. no.) 9102 N. 225th Street City or town, state or province, country, and ZIP or foreign postal code Elkhorn, Nebraska 68022		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest \$			
		9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$			
		11 Fish purchased for resale \$	12 Section 409A deferrals \$			
Involuntary Conversion		13 FATCA filing requirement <input type="checkbox"/>	14 Excess golden parachute payments \$	15 Nonqualified deferred compensation \$		
Account number (see instructions)		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$		
		\$		\$		

Form **1099-MISC** (Rev. 1-2022)

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Department of the Treasury - Internal Revenue Service

# INVOICE

TO: Scot Thompson Farms LLC

9102 N 225<sup>th</sup> Street

Elkhorn, Nebraska 68022

Labor Valuation: 441,936.00

Send Payment To:

Jan Mengedoht

19855 County Road 11

Herman, Nebraska 68029

## UCC FINANCING STATEMENT

### FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
HCJ Holdings 18855 County Road 11 Herman, Nebraska 68029

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1a, leave all of item 1 blank, check here: ☐ and provide the individual Debtor information in item 1b of the Financing Statement Attachment (Form UCC1Ad)

1a. ORGANIZATION'S NAME

HCJ Holdings EIN # 22-22

OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
18855 County Road 11	Herman	NE	68029 USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2a, leave all of item 2 blank, check here: ☐ and provide the individual Debtor information in item 2b of the Financing Statement Attachment (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
18855 County Road 11	Herman	NE	68029 USA

4. COLLATERAL: This financing statement covers the following collateral:

See Attachment A - Labor Valuation

5. Check only if applicable and check only one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 11 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check only if applicable and check only one box: <input type="checkbox"/> Public Finance Transaction <input type="checkbox"/> Manufactured Home Transaction <input type="checkbox"/> A Debtor is a Transmuting Utility	6b. Check only if applicable and check only one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessor/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailor/Bailor <input type="checkbox"/> Licenser/Licensee	
8. OPTIONAL FILER REFERENCE DATA:	

*Attachment A*

LABOR

HCI HOLDINGS; 19855 County Road 11; Herman, Nebraska 68029

Trust Created January 5, 1993 to November 1, 2022 for 29 years

311 days for each year: Taking Sundays off and Christmas and Thanksgiving, 54 Sundays and two holidays exempt.

311 days X 29 years = 9019 days

9019 days in 29 years

9019 days X 7 hours per day = 63,133 hours

63,133 hours X \$7.00 per Hour = \$441,931.00

*Date: Nov 3, 2022*

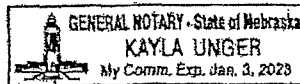
By: *Jan Mengedoh*  
Jan Mengedoh as caretaker for HCI Holdings

Before me *Kayla Unger* a Notary Public in and for *Washington*  
County, State of Nebraska appeared Jan Mengedoh and made known to me and did affirm the truth of  
the facts here and stated and placed his signature on this document on this the *3rd* day of  
*November* (2022) two thousand and twenty two.

*Kayla Unger*

Notary Public Signature

My commission expires:



This instrument Prepared By:

HCI Holdings 19855 County Road 11, Herman, Nebraska 68029

EXHIBIT "A"

Parcel 1 - The East Half of the West Half of the Southeast Quarter of the Southeast Quarter (E1/2 of W1/2 of SE1/4 of SE1/4) of Section Thirty-Five (35) in Township Twenty (20) North, Range Nine (9) East of the 6th P.M., in Washington County, Nebraska;

Parcel 2 - The West Half of the West Half of the Southeast Quarter of the Southeast Quarter (W1/2 W1/2 SE1/4 SE1/4), of Section Thirty-Five (35), Township Twenty (20), North, Range Nine (9), East of the 6th P.M., in Washington County, Nebraska;

Parcel 3 - The Northeast Quarter of the Southeast One-Fourth (1/4), Section 35, Township Twenty (20), Range Nine (9), East of the Sixth P.M., in Washington County, Nebraska;

Parcel 4 - The North One-Half of the Northwest Quarter of Section 31, Township 20 North, Range 10 East of the 6th P.M., in Washington County, Nebraska;

Parcel 5 - The Northwest Quarter of the Northeast Quarter (NW1/4 NE1/4), the Northeast Quarter of the Northwest Quarter (NE1/4 NW1/4), and the North Half of the Southeast Quarter of the Northwest Quarter (N1/2 SE1/4 NW1/4) of Section One (1), in Township Nineteen (19) North, Range Nine (9), and the Southwest Quarter of the Southwest Quarter (SW1/4 SW1/4) of Section Thirty-Six (36), and the East Half of the Southeast Quarter of the Southeast Quarter (E1/2 SE1/4 SE1/4) of Section Thirty-Five (35), in Township Twenty (20), North, Range Nine (9), all East of the 6th P.M., in Washington County, Nebraska;

Parcel 6 - The Northeast Quarter of Section 36, Township 20 North, Range 9 East of the Sixth P.M., in Washington County, Nebraska;

Parcel 7 - The East Half of the Southwest Quarter, and the West Half of the Southeast Quarter, all in Section 36, Township 20 North, Range 9, East of the Sixth P.M. in Washington County, Nebraska

*Property Descriptions Recorded at Washington  
County Register of Deeds, November 30, 1993.  
Book 223, Pages 492-495  
HCT Holdings: Labor Performed*